

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>10/15/84</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		<i>10/15/84</i>
FORMALITY REVIEW		<i>7180</i>	<i>10-22-93</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY